

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Masaaki Oka, Yoshihiko Hamamoto, Norio Iizuka, Hisafumi Okabe and  
Kenji Hamada

Application No.: 10/552,178                      Group: 1642

371(c) Date: July 2, 2007                      Examiner: Aeder, Sean E.

Confirmation No.: 6214

For: METHOD OF DEFINING THE DIFFERENTIATION GRADE OF TUMOR

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
_____ Date	_____ Signature
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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14	MINUS	* 20	0
INDEP	4	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

  

SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE		RATE	ADDIT. FEE
X	\$ 26	\$	X	\$52
X	\$110	\$	X	\$220
+	\$195	\$	+	\$390

  

\* not fewer than 20  
 \*\* not fewer than 3

TOTAL = \$ 0      TOTAL = \$ 0

**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
57	100	

  

SMALL ENTITY	
Rate	Total Amount Owed
X \$135	\$[   ]

  

OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed
X \$270	\$0

  

Payment Sufficient for up to
100 Sheets

**Petition for Extension of Time**

- ☐ Applicant hereby petitions to extend the time to respond to the [   ] dated [   ] for [   ] month(s) from [   ] to [   ]. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	_____
		\$	_____
	TOTAL:	\$	_____

<input type="checkbox"/>	Petition for [     ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	\$ _____

Dated: 2/2/10